تاريخ الانتان المنابع المنابع Submit 3 copies to Appropriate District Office Form C-103 Energy, Minerals and Natural Resources Department DISTRICT I OIL CONSERVATION DIVISION IWELL API NO. P.O. Box 1980, Hobbs, NM 88240 30-025-04642 P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Box Drawer DD, Artesia, NM 88210 STATE V FEE [DISTRICT III 6. State Oil / Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI **EUNICE MONUMENT SOUTH UNIT** (FORM C-101) FOR SUCH PROPOSALS. OIL 1. Type of Well: WELL WELL OTHER INJECTION 8. Well No. 2. Name of Operator 358 CHEVRON USA INC 9. Pool Name or Wildcat 3. Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705 **GRAYBURG SAN ANDRES** 4. Well Location Feet From The NORTH Line and 1980' Feet From The EAST Unit Letter ____ B ___ : ___ 660' ____ Township 21-S Range 36-E LEA COUNTY 10. Elevation (Show whether DF, RKB, RT,GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PERFORM REMEDIAL WORK COMMENCE DRILLING OPERATION PLUG AND ABANDONMENT CHANGE PLANS **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING REQUEST TA STATUS** OTHER: OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. 10-23-02: RAN MIT. PRESS CSG "O 560# FOR 30 MINUTES. (ORIGINAL CHART & COPY OF CHART ATTACHED) PKR SET @ 3648'. **OPEN HOLE FR 3691-3955'** WELL IS TEMPORARILY ABANDONED.

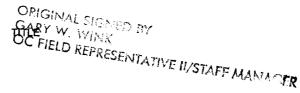
> This Approval of Temporary Abandonment Expires

I hereby certify that the intoyrange above is true and con-	age to the jest of my knowledge and b	belief.	Regulatory Specialist	DATE	
SIGNATURE WINSEL	fuse	TITLE_	regulatory opecialist	DATE	11/20/2002
TYPE OR PRINT NAME	Denise Leake			Telephone No.	915-687-7375

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:



DATE

DeSoto/Nichols 12-93 ver 1.0